

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 42 | 4/24/01 |
| FORMALITY REVIEW | LT | JL 758 | 5-14-01 |
| RESPONSE FORMALITY REVIEW | M.H | 625 | 08-17-01 |
| | TAP | 1110 | 10-16-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
| 1 | 1/12/03 |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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10-16-01
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